

10/524627
The demand must be filed directly with the International Preliminary Examining Authority or, if more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
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Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference
International application No.	International filing date (day/month/year)	(Earliest) Priority date (day/month/year)
PCT/US03/25188	13 August 2003 (13.08.03)	16 August 2002 (16.08.02)

Title of invention

METHOD OF MAKING A FRANGIBLE NON-TOXIC PROJECTILE

Box No. II APPLICANT(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	Telephone No. 818.909.4742
BISMUTH CARTRIDGE COMPANY 7155 Valjean Avenue Van Nuys, CA 91406-3917 United States of America	Facsimile No. 818.909.4743
	Teleprinter No.
	Applicant's registration No. with the Office

State (that is, country) of nationality:	State (that is, country) of residence:
US	US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

PETERSEN, Robert, E. 6420 Wilshire Boulevard Los Angeles, CA 90048 United States of America	State (that is, country) of residence:
US	US

State (that is, country) of nationality:	State (that is, country) of residence:

[] Further applicants are indicated on a continuation sheet.	See Notes to the demand form
Form PCT/IPEA/401 (first sheet) (January 2004)	

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative

and has been appointed earlier and represents the applicant(s) also for international preliminary examination.

is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> REPPER, George, R. Rothwell, Figg, Ernst & Manbeck, P.C. 1425 K Street, N.W., Suite 800 Washington, D.C. 20005 United States of America	Telephone No.
	202 783 6040
	Facsimile No.
	202 783 6031
	Teleprinter No.
Agent's registration No. with the Office	
31,414	

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

The international application as originally filed
 the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34
2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1 (a).

* Where no check-box is marked, international preliminary examination will start on the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendment of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

which is the language in which the international application was filed.

which is the language of a translation furnished for the purposes of international search.

which is the language of publication of the international application.

which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

See Notes to the demand form

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, of the purposes of international preliminary examination:		For International Preliminary Examining Authority use only
		received [] not received []
1. translation of international application	sheets	[] []
2. amendments under Article 34	sheets	[] []
3. copy (or, where required, translation) of amendments under Article 19	sheets	[] []
4. copy (or, where required, translation) of statement under Article 19	sheets	[] []
5. letter	1 sheets	[] []
6. other (specify)	sheets	[] []

The demand is also accompanied by the item(s) marked below

1. [X] fee calculation sheet	5. [] statement explaining lack of signature
2. [] original separate power of attorney	6. [] sequence listing in computer readable form
3. [] original general power of attorney	7. [] tables in computer readable form related to a sequence listing
4. [] copy of general power of attorney; reference number, if any:	8. [] other (specify):

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


 George R. REPPER

Attorney for Applicant

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. [] The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

[] The applicant has been informed accordingly.

4. [] The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. [] Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. [] The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.

7. [] The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. [] Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

For International Preliminary Examining Authority use only

International application No. PCT/US03/25188	Date stamp of the IPEA
Applicant's or agent's file reference 1640-110.PCT	
Applicant BISMUTH CARTRIDGE COMPANY, <i>et al.</i>	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	\$490.00 [P]
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	\$172.00 [H]
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	\$662.00 TOTAL
MODE OF PAYMENT	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (<i>This mode of payment may not be available at all IPEAs</i>)	
IPEA/ _____ US _____	
<input type="checkbox"/> Authorization to charge the total fees indicated above.	Deposit Account No.: 02-2135
<input checked="" type="checkbox"/> (<i>This check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Date: February 24, 2004
	Name: George R. REPPER
	Signature: 